PETITION FOR EXTENSION OF TIME U	NDER 37 CFR 1.136(a)	Docket Number: 29556.2522 (6-1246)
CERTIFICATE OF MAILING Thereby certify that this correspondence is being	In re Application of: Wood et al.	
deposited with the United States Postal Service with sufficient postage for first class mail in an envelope	Application (value). 10/5/1/5/2	
addressed to Mail Stop , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313	For: DETECTION OF NEUROPEPTIDES ASSOCIATED WITH PELVIC PAIN DISORDERS AND USES THEREOF	
1450, or being facsimile transmitted to the USPTO		DERS AND USES THEREOF
at, on	Group Art Unit: 1636	Examiner: Celine X. Qian
Name:		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a		
reply in the above identified application.		
The requested extension and appropriate entity fee are as follows (check time period desired):		
☐ One month (37 CFR 1	.17(a)(1)) - (\$75/\$150)	\$
☐ Two months (37 CFR	☐ Two months (37 CFR 1.17(a)(2)) - (\$280/\$560)	
☐ Three months (37 CFR 1.17(a)(3)) - (\$635/\$1270)		\$
☐ Four months (37 CFR 1.17(a)(4)) - (\$990/\$1980)		\$
Five months (37 CFR 1.17(a)(5)) - (\$1345/\$2690)		\$ <u>1345</u>
Applicant claims small entity status.		
☐ A check to cover the fee is enclosed.		
☐ Payment by credit card. Form PTO-2038 is attached.		
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
■ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>505409</u> . I have enclosed a duplicate copy of this sheet.		
	this form may become public. Cre le credit card information and auth	
I am the ☐ applicant/inventor		
	☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is	
enclosed. (Form PTO attorney or agent of re		
	d attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 40.087.	
/Edwin V, M Signature	lerkel/	November 11, 2011 Date
Edwin V. Mer		(585) 270-2104
Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple		
forms if more than one signature is required, see below.		
Total of 1 form is submitted.		